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ABSTRACT

The expanded role of the school counselor as "mainstreaming facilitator" is discussed in the context of the needs and characteristics of mainstreamed handicapped students. Topics addressed include the following: (1) counselor attitudes toward handicapped students and their parents; (2) the learning problems and behavioral characteristics of educable mentally handicapped, learning disabled, and behaviorally disordered students; (3) consultation with teachers, school personnel, and community agencies; (4) educating and counseling parents; (5) career education counseling; and (6) group counseling techniques, including role playing, assertiveness training, values clarification, and social skills training. Thirty-two references are appended. (JW)

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THE SCHOOL COUNSELOR'S ROLE WITH MAINSTREAMED STUDENTS

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Abstract

The passage of PL 94-142 (Education of All Handicapped Children Act of 1975), requiring that all children between the ages of 3 and 21 receive a free appropriate public education in the least restrictive environment has many implications for school counselors. Counselors must now be counted among those who are required to provide remedial and preventative services for mildly handicapped students who have been mainstreamed into the public schools. With the advent of mainstreaming (placement of special needs students in regular classrooms), the counselor's role has been expanded to include that of "mainstreaming facilitator." This paper addresses the psychosocial problems and needs of mainstreamed students, describes the counselor's role with these students, their teachers, and their parents, and identifies effective interventions and strategies.

THE SCHOOL COUNSELOR'S ROLE WITH MAINSTREAMED STUDENTS

Introduction

In recent years federal legislation has mandated increased educational and vocational training opportunities for handicapped students. The Education for All Handicapped Children Act (PL 94-142) enacted in 1975, was designed to ensure all children of school age (3-21 years) a free appropriate education and maximum educational opportunities. This law mandates that each child must receive special education in the least restrictive environment, with removal from the regular educational setting only when the nature or severity of the handicap necessitates such removal. The enactment of PL 94-482 in 1976 expanded provision of federal funds for vocational programs for handicapped with the requirement that (a) federal funds must be matched by state and local funds, (b) 30 percent of these funds must be spent on students with special needs, and (c) primary emphasis must be on vocational preparation at the secondary level.

As a result of this legislation, most mildly handicapped students are currently being mainstreamed in regular classrooms. Proponents of mainstreaming point out that (a) mildly handicapped students differ on a continuum of functional abilities (Lilly, 1979), and (b) that these differences are greater than the differences between the handicapped and nonhandicapped. Special classes, which exacerbate rather than narrow differences in functional

skill levels (Heward & Orlansky, 1980), limit contact between mildly handicapped students, nonhandicapped peers, and teachers, thereby fostering negative stereotyping of the mildly handicapped (Lilly, 1979).

Problems in Mainstreaming

Although mainstreaming may alleviate some of the current educational and social difficulties of handicapped students, it creates a different set of problems for teachers and students. Regular classroom teachers have not been prepared educationally or psychologically to teach all mildly handicapped students. If the regular teacher's attitudes toward these students are negative, any information which those teachers receive in inservice training regarding educating the handicapped will be ineffective (McKalip, 1979).

Students whose learning skills have been remediated, or who may be functioning at, or near, grade level, are often not ready emotionally or socially for regular classroom placement. Although these students' learning skills have been normalized, they may still exhibit social behaviors which deviate from the norm and which jeopardize mainstreaming efforts (Cullinan, 1981). Mildly handicapped students frequently exhibit dependent behaviors at home and in the classroom (Gardner, 1974; Belkin, 1981; Blackham, 1967) and tend to blame failures and attribute successes to factors external to themselves more than the normative population (Ames, 1978; Garabedian, 1981; Mindingall, 1980; Totin, 1982; Welch, 1982).

Because their early school experiences may have been negative, they may feel more unsure about themselves and the school environment than their nonhandicapped peers (O'Rourke, 1977). Since psychosocial adjustment and school achievement are integrally related, chronic patterns of poor learning and achievement in school may predispose children to adopt maladaptive attitudes and behaviors such as poor self-confidence (Cullinan, 1981), depression (Welch, 1982) and low global and academic self concept (Pierangelo, 1980; Winnie et al., 1982).

It is clear that teachers and students in mainstreamed classrooms need the skills and services of school counselors (Balter et al., 1981; Hosie, 1979; Matthay & Tarasuk, 1982; Moracco, 1978; Poggi & Eiben, 1983). The problems created by mainstreaming provide direction for counseling efforts and determine counselor functions. As mainstreaming facilitator the counselor must be actively engaged in education, consultation, advocacy, counseling, and assessment of student needs and must employ these skills when working with students, parents, teachers, and other school personnel and community service agencies.

The Counselor as Mainstreaming Facilitator

Examining Counselor Attitudes and Behaviors

The counselor's attitudes toward handicapped students and their parents affect his/her ability to function effectively. For example, when counseling handicapped persons the counselor may become aware of his/her personal vulnerability which, in turn, may generate

feelings of inadequacy, helplessness, and embarrassment (Matthay & Tarasuk, 1982). If this occurs, the counselor may exhibit one or more behaviors which create distance between counselor and student, limit the counselor's ability to accurately perceive the student's problems and potential and reinforce the student's dependency and low self expectations. These behaviors include reflections of pity, dismay, and/or pain; protective interventions; communication which patronizes ("You're doing so well, considering."); reflections of technical expertise ("I know better than you what is best for you."); and evaluation of the total person based on that person's handicap (Nathanson, 1979).

On the other hand, certain counselor attitudes and behaviors enhance the counseling relationship and facilitate positive change. Reassuring, consistent, patient (O'Rourke, 1977), persuasive and sensitive (Meyers, 1982) behaviors communicate caring and respect to mildly handicapped students and enable these students to trust the counselor. Structure and direction (Humes, 1970) help students to focus on important issues, to set realistic and immediate goals, and to achieve problem resolution.

Identifying Counselor Roles

Identification, assessment, and referral. Approximately fifteen percent of students enrolled in school today are exceptional (Belkin, 1982). Frequently, these children are not identified early in school because they are not noticeably different from their nonhandicapped peers (Lilly, 1979). Therefore, counselors must be alert to those

behaviors and academic problems which indicate the possibility of potential for learning disabilities.

Those students who are currently being mainstreamed into regular classrooms and/or schools include the educable mentally handicapped, learning disabled, and the behaviorally disordered. Counselors must be aware of the learning problems and the behavior characteristics of each group.

Educable mentally handicapped. The major determinant of EMH is poor performance on verbal and nonverbal intelligence tests with IQ score cutoffs for classification ranging from 70 to 85. EMH children are generally slower in perceptual, conceptual and abstract abilities. Their readiness for reading, writing, and arithmetic occurs several years later than that of normal children. Although there are no personal or social traits common to all EMH children, the EMH child's interests correspond more closely to those of children of equal mental ages than to those of their chronological peers (Lilly, 1979).

Learning disabled. The learning disabled child does not score low enough on IQ tests to be called mentally handicapped, has no behavioral aberrance necessary to be called emotionally disturbed, but demonstrates poor performance in school work. Children with learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language: listening, thinking, talking, reading, writing, spelling, or arithmetic. Since behaviors indicative of learning

disabilities may be the exact opposite of each other, (hyperactivity - hypoactivity, inattention - overattention, short attention span - perseveration) identification of the learning disabled child is a difficult task (Gearhart, 1973). Therefore, teachers and counselors are encouraged to look for clusters of the following behaviors and watch for their persistence: auditory or visual perception problems; gross or fine motor coordination problems; disorders of thinking, speaking, memory and conceptualizaiton; general orientation defects (time, space, body awareness); specific or erratic learning problems in reading, math, writing; emotional and social problems (Rudolph, 1978).

Behaviorally disordered. The behaviorally disordered child or adolescent is one whose behavior differs markedly and chronically from current social or cultural norms and who exhibits one or more of the following behaviors: an inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal conditions; a general, pervasive mood of unhappiness or depression; a tendency to develop physical symptoms, pains, or fear associated with personal or school problems (Heward & Orlansky, 1980). Since behavior disordered and learning disabled children frequently demonstrate problems in behavior management and learning abilities, it is difficult to determine whether they are, in fact, learning disabled with behavior problems, or behaviorally disabled with

learning problems.

Observation, student interviews, and teacher reports are informal procedures which help the counselor determine the student's need for further psychological evaluation. Counselors should take time to understand what the student is saying; ask the student how difficult school work is for him/her; encourage student to talk about assignments and grades; and check in routinely with teachers to discuss how problem students are doing.

If information gathered from personal observation, teachers, and/or other school personnel indicates that the student may have a learning disability, the student should be referred to the school psychologist for formal testing and assessment of intelligence, achievement, visual and auditory perception, motor coordination, and psychosocial adjustment. Referral to community social service agencies may also be necessary. Therefore, an updated directory of appropriate referral agencies with whom a working relationship has been established is essential.

Formal testing procedures often threaten students who have experienced failure. Because handicapped persons may have low test-taking sophistication and high test anxiety, individual testing is preferable to group testing. In the individual testing situation, the counselor has an opportunity to question whether students comprehend test items, to encourage students to make guesses, and to deviate from time restrictions of power tests. When presenting and discussing formal and informal test data with

students and parents, counselors can contribute objective and impartial perspectives. Relatively high scores (regardless of how low these scores might be) are emphasized as positive areas to be pursued. Low scores can be presented as weak areas for instruction and skill building.

Consulting with Teachers, School Personnel, and Community Agencies

Consultation, education, and support for those who work closely with mainstreamed students are important counselor functions. Because counselors are in the unique position of initiating and maintaining contact with students, parents, teachers and other school and community agency personnel, they have the opportunity not only to coordinate findings and activities of these various professionals but also to act as advocate for these students.

Counselors can promote good teacher-student relationships by matching student to teacher in terms of teaching styles and personality characteristics. Placing learning disabled students with teachers who exhibit flexible and democratic practices in their classroom reduces teacher stress and tension between teacher/student (Moracco, 1978).

Generally teachers lack the time for staff consultations, curriculum decision, and contingency planning necessary to develop and implement remedial programs. Counselors can increase the teachers' sense of adequacy and support by encouraging administrators to give teachers release time for training and program planning and by conducting or arranging inservice workshops. These workshops

should be designed to give teachers and school personnel opportunties to develop increased sensitivity to mainstreamed students and to acquire effective intervention skills.

Educating and Counseling Parents

Typically, parents are confused about their child's problem and worried about his/her educational/vocational future. They frequently respond to initial information about their child's handicap with denial, guilt, rejection, fear, shame, helplessness, self-pity and pity for their child (Gold & Richmond, 1979).

Establishing rapport is the counselor's first objective when working with parents. However, if the counselor believes that parents in general are motivated to sustain their children's problems, blames parents, lacks respect for parents' ability to be helpful, or experiences frustration and self-anger for not being more effective, he/she will find it difficult to develop a positive and effective working relationship with parents. By scheduling regular parent conferences, interpreting diagnostic test data simply and accurately, and providing school progress reports, counselors help parents participate actively with professionals in making decisions regarding their child's placement and remediation program.

Counseling Students: Career Education

Effective career education programs prepare mildly handicapped students for the challenges of daily living and entrance into the job market. The most effective programs reflect a developmental approach to career education and life planning and include career

awareness, career preparation, and placement and follow-up training sessions. During these sessions students identify values, acquire adequate communication skills, and develop more positive attitudes toward work and toward themselves as potential workers. They make tentative career choices, locate and pursue job leads, write application letters and complete application forms, initiate contact with employment agencies and/or vocational rehabilitation services. Finally, students test the suitability or desirability of a specific job(s), contrast job expectations with actual work environment and job satisfaction, and communicate job satisfaction and problems with the counselor (Brolin & Gysbers, 1979).

Group Counseling

Many of the problems which mildly handicapped students experience can be addressed in the group setting. For example, groups provide opportunities for members to develop interpersonal relationship skills, assume responsible behavior, test the reality of educational/vocational goals and decisions, and receive encouragement and support from peers. Therefore, group work rather than individual counseling is the preferred counseling modality when working with this population (Feuquay, 1980; Gardiner, 1982).

To design and conduct an effective group requires careful planning/preparation on the part of the group leader. Serious consideration must be given to the group's goals, norms, structure, size, duration and meeting times as these variables significantly

affect group outcomes. Ideally, groups should consist of six to twelve members who meet together on an ongoing basis once or twice a week for at least eight weeks. This group format offers optimal opportunity for member participation and interaction. Norms of acceptance and appreciation of individual differences permit students to interact with peers in nonthreatening and noncompetitive situations and contribute to a positive and trusting milieu. Since continuity in leadership and membership is also important in building and maintaining a trusting atmosphere, the commitment of the leader and members is stressed. Group activities should be structured, concrete and relevant and provide opportunities for students to experience success in areas important to them (Bruyere, 1984).

While a number of counseling techniques have been adapted for small group work with mildly handicapped students, role playing (Meyers, 1982), assertiveness training (Granat, 1978), values clarification (O'Rourke & Simon, 1977), and social skills training (Amerikaner & Summerlin, 1982; Wanat, 1983) have been found to be particularly effective in enhancing self-concept, developing interpersonal skills, and increasing attitudes of personal responsibility. Activities which differ from traditional classroom experiences, e.g., role playing, nonverbal activities, and personal sharing are most effective in achieving improved peer relationships and increasing self-confidence and self-esteem (Bruyere, 1984).

Role playing. Since mildly handicapped students generally do not process verbal and non-verbal cues accurately, they misinterpret

social cues and often fail to understand or appreciate another's feelings and perceptions. As a consequence their interpersonal relationships are impaired. Role playing of real life problems and/or assuming the role of another person in an actual problem situation (role reversal) can help students develop empathy for others and increase their repertoire of appropriate responses. For students who have particularly low verbal ability, leaders may increase student comfort levels by introducing charades as an opening exercise. Through the process of role playing, students can develop important life skills, such as learning assertive behaviors, assuming responsibility for one's choices and decisions, and confronting their dependent behaviors.

Assertiveness training. Nonhandicapped students may try to ridicule or abuse students who are "different." Assertiveness training provides students with opportunities to role play frustrating situations and to practice ways of expressing anger and coping with criticism or abuse. Training in negative assertion skills (Granat, 1978) gives handicapped students the option of strongly agreeing with comments about their personal faults and weaknesses, thereby defeating the provocative intentions of teasing or abusive persons. Assertive behaviors also enable students to self-disclose problems to teachers, counselors, and parents, giving these adults an opportunity to provide maximum help.

Values Clarification. Students examine issues of identity, values, feelings, love, and the meaning of life. By helping

students to experience the process of choosing freely what is most important to them, values clarification workshops facilitate increased feelings of self-worth, self-respect, and competence. Creating collages, rank ordering value inventories, sorting personal value cards, fantasy, guided imagery, and sharing valued personal items are activities which counselors may use with students as stimuli for clarifying values.

Social Skills Training. Social skills training groups help students build self-confidence, improve their interpersonal relationships, and increase their comfort and self-acceptance in social situations. These groups are designed to assist students in understanding the meaning and significance of others' behavior, learning to cope with feelings and problems, and relating to peers in appropriate ways. Activities generally include self-disclosure, expressions of caring for oneself and others, identification of strengths, and mutual exchange of feedback (Amerikaner & Summerlin, 1982).

Summary

Mainstreaming reflects a belief in the right for maximum educational opportunities for all students. If beliefs are to be translated into action, then counselors must work with students, teachers, and other school and community professionals to obtain educational, psychological, and social services needed to ensure the development and well-being of these students. In achieving these ends, counselors will assume a diversity of roles, including

evaluator, consultant, educator, advocate, and counselor. Counselors must have an understanding, commit themselves to obtaining a greater knowledge, and appreciation, of the specific needs of mainstreamed students in order to facilitate the mainstreamed student's opportunity to experience success.

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